

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101643434** FILING DATE

513106 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			14			
TOTAL CLAIMS	16					

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						